CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commit 00020673		2 Total pages f	iled: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jane			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Nelson		3311110		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P. O. Box 608				Receipt #	Amount
Change of Address	Grapevine, TX 76099					
Onlinge of Audicess	Grapevine, 1× 70099				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	James Michae	I			
	NICKNAME	LAST		SUFFIX		
		Nelson		301117		
2 0445464	070557 4000500 (410 00	DOV DI 5405)	4.55	. / 0	,	4.TE 710.000E
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 1109 Buckingham Place	BOX PLEASE);	АР	Γ / SUITE #;	/; SI.	ATE; ZIP CODE
(Residence or Business)	Copper Canyon, TX 75077	7				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (214) 850-0700	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
		」	ш	ı	appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
			eneral	Special	<u> </u>	
			enerai	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
	Secretary of State					
	I.			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Nelson, Jane (The H	onorable)	14 Filer ID (E 00020673	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 1,965.61
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 50,253.12
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,284,940.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hor	norable Jane Nelson	
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 32

				3 of 32		
18 FILER NAME Nelson, Jane (The Honorable) 19 Filer ID (Ethics Commission Filers) 00020673						
20 SCHEDULI NAME OF	SUBTOTAL A	AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,500.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			41,140.28		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	24,837.08		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,112.84		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	25,261.57		
			•			

TARY POLITICAL CONTRI	SCHEDULE A1
uction Guide explains how to comple	e this form. 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/32
E ne (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
5 Full name of contributor out-of-state JTM Consulting LLC 6 Contributor address; City; State; Zip Code	PAC (ID#:) 7 Amount of Contribution (\$) \$1,500.00
San Antonio, TX 78257	
cupation / Job title (See Instructions)	9 Employer (See Instructions)
11 11	uction Guide explains how to complet E ne (The Honorable) 5 Full name of contributor out-of-state I JTM Consulting LLC 6 Contributor address; City; State; Zip Code San Antonio, TX 78257

PLE	OGED CONTRIBU	TIONS			SCHEDUL	E B
The Instruction Guide explains how to complete this form. 2 FILER NAME				1	Total pages Schedule B: Sch: 1/1 Rpt: 5/32	
				3	Filer ID (Ethics Commission Filers)	
<u></u>	Jane (The Honorable)			+	00020673	0.00
TOTAL OF UNITEMIZED PLEDGES					\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	t:	_) 8	Amount of pledge (\$) In-kind description (If applicable)	on
	7 Pledgor Address;	City; State; Zip Code	e		 	
] [Check if travel outside of Texas. Complete	Schedule T
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See Ins	structi	ions)	

LOANS			SCHEDUL	ΕE
The Instruction Guide explains how to complete thi	s form.	1	iges Schedule E: 1 Rpt: 6/32	
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID 000206	(Ethics Commission F	Filers)
4 TOTAL OF UNITEMIZED LOANS		•	\$	0.00
5 Date of loan 7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State	e; Zip Code		10 Interest Rate	
			11 Maturity Date	
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions	5)		
14 Description of Collateral None	15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
16 GUARANTOR INFORMATION 17 Name of guarantor	_ -		19 Amount Guarantee	ed (\$)
not applicable 18 Guarantor address; City; State				
20 Principal occupation	21 Employer (See Instructions	5)		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 1/6 Rpt: 7/32	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673			
┝	Date	·	000200.0			
	04/07/2025	5 Payee name Amazon				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$29.52	410 Terry Ave N				
		Seattle, WA 98109				
8	PURPOSE OF		escription			
l	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		L Si	upplies			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
H	Date	Payee name				
	06/16/2025	American Express				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,396.72	PO Box 650448				
	•					
		Dallas, TX 75265				
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	escription			
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			redit Card Payment			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	05/02/2025	American Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$976.71	PO Box 650448				
l						
l		Dallas, TX 75265				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription			
l	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.			
l			Check if Austin, TX, officeholder living expense redit Card Payment			
			Total Sala Faymone			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		5 5.6			
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1: Sch: 2/6 Rpt: 8/32	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
4	Date 04/07/2025	5 Payee name American Express	
6	Amount (\$) \$1,201.00	7 Payee address; City; State; Zip Code PO Box 650448	
8	PURPOSE OF EXPENDITURE	Credit Card Payment	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense redit Card Payment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/05/2025	Payee name American Express	
	Amount (\$) \$908.43	Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense edit Card Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/05/2025	Payee name American Express	
	Amount (\$) \$2,348.74	Payee address; City; State; Zip Code PO Box 650448	
		Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	Credit Card Payment	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense redit Card Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 9/32	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	01/13/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,413.53	PO Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 05/21/2025	Payee name Central Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.00	4001 N Lamar Blvd
		Averting TV 707EC
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	Fidelity Investments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,699.97	1576 E Southlake Blvd
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Advisor Fee
		Advisor Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 10/32	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	04/14/2025	Fidelity Investments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,767.38	1576 E Southlake Blvd
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advisor Fee
		/ tavisor i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Para a same
		Payee name
	01/01/2025	Hambrick, Brooke
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10041 Cross Bend Circle
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Professional services
		Piolessional services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/01/2025	Hambrick, Brooke
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10041 Cross Bend Circle
		Frisco, TX 75033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Professional services
		1 Totessional services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains	Salaries/Wages/Cont how to complete the		OTHER (enter a	category not listed above)
1 Total pages Schedule F1: 2 FILER NA	AME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/6 Rpt: 11/32 Nelson,	Jane (The Honorable)			00020673	
4 Date 5 Payee na	me				
03/01/2025 Hambric	k, Brooke				
6 Amount (\$) 7 Payee ad	dress; City; State	; Zip Code			
\$2,000.00 10041 C	ross Bend Circle				
	X 75033				
	(See Categories listed at the top of this sch		scription		
EXPENDITURE Fees				tside of Texas. Comp X, officeholder living	
		-	ofessional se		САРСПОС
9 Complete ONLY if direct Candidate/ expenditure to benefit C/OH	Officeholder name	I Office sought		Office he	ld
Date Payee na	me				
	k, Brooke				
Amount (\$) Payee ad		; Zip Code			
	ross Bend Circle	, _, _,			
42,000.00	1000 Bona Onoio				
Frisco, T	X 75033				
PURPOSE (a) Category OF	(See Categories listed at the top of this sch	· —	scription		
EXPENDITURE Fees		· · ·		tside of Texas. Comp X, officeholder living	
			ofessional se		ехрепас
			3.000.0		
Complete <u>ONLY</u> if direct Candidate/ expenditure to benefit C/OH	Officeholder name	I Office sought		Office he	ld
Date Payee na	me				
05/01/2025 Hambric	k, Brooke				
Amount (\$) Payee ad	dress; City; State	; Zip Code			
	ross Bend Circle				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Frisco, T	X 75033				
PURPOSE (a) Category OF	(See Categories listed at the top of this sch		scription		
EXPENDITURE Fees				tside of Texas. Comp X, officeholder living	
			ofessional se		expense
			orocoronar oc	31 11000	
Complete ONLY if direct Candidate/	Officeholder name	 Office sought		Office he	Id
expenditure to benefit C/OH	, , , , , , , , , , , , , , , , , , , ,	2009/10		200 110	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 12/32	Nelson, Jane (The Honorable)		00020673
4	Date	5 Payee name		
L	06/01/2025	Hambrick, Brooke		
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Coc 10041 Cross Bend Circle	de	
	\$2,000.00	10041 Closs Bella Circle		
		Frisco, TX 75033		
8	PURPOSE		(b)	Description
	OF EXPENDITURE	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Professional services
				Trolessional services
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/15/2025	Internal Revenue Service		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$11,554.80	1100 Commerce Street		
		B. II TV 770 40		
L		Dallas, TX 75242		
	PURPOSE OF	, (************************************	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Taxes
L	Complete ONLY if direct	Candidate/Officeholder name Office soud	ıb+	Office held
	Complete ONLY if direct expenditure to benefit C/OI		JIIL	Office field
⊨	Date	Payee name		
	01/14/2025	Wilson, Gertie		
Г	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,500.00	4903 Buckskin Pass		
		Austin, TX 78745		
	PURPOSE OF	, ,	(b)	Description
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Professional services
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	S.pondidio to bondii 0/01			

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/4 Rpt: 13/32				
FILER NAME		3 Filer ID (Ethics Commission Filers)				
Nelson, Jane (The	e Honorable)	00020673				
Date 01/03/2025	5 Name of person from whom investment is purchased Fidelity Investments					
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code				
	Southlake, TX 76092					
	7 Description of investment reinvested cash income					
	8 Amount of investment (\$) 4,118.40					
Date 01/31/2025	Name of person from whom investment is purchased Fidelity Investments					
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd					
	Southlake, TX 76092					
	Description of investment reinvested cash income					
	Amount of investment (\$) 323.06					
Date	Name of person from whom investment is purchased					
02/05/2025	Fidelity Investments					
	Address of person from whom investment is purchased; City	; State; Zip Code				
	1576 E Southlake Blvd					
	Southlake, TX 76092					
	Description of investment					
	reinvested cash income					
	Amount of investment (\$) 3,799.21					
Date	Name of person from whom investment is purchased					
02/28/2025						
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; ZIP Code				
	Southlake, TX 76092					
	Description of investment reinvested cash income					
	Amount of investment (\$) 298.26					

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 2/4 Rpt: 14/32				
FILER NAME		3 Filer ID (Ethics Commission Filers)				
Nelson, Jane (Th	e Honorable)	00020673				
Date 03/05/2025	5 Name of person from whom investment is purchased Fidelity Investments	Obstact The Obstacl				
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; ZIP Code				
	Southlake, TX 76092					
	7 Description of investment reinvested cash income					
	8 Amount of investment (\$) 3,649.07					
Date 03/31/2025	Name of person from whom investment is purchased Fidelity Investments					
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd					
	Southlake, TX 76092					
	Description of investment reinvested cash income					
	Amount of investment (\$) 341.03					
Date	Name of person from whom investment is purchased					
04/03/2025	Fidelity Investments					
	Address of person from whom investment is purchased; City	; State; Zip Code				
	1576 E Southlake Blvd					
	Southlake, TX 76092					
	Description of investment					
	reinvested cash income					
	Amount of investment (\$) 3,825.69					
Date	Name of person from whom investment is purchased					
04/30/2025						
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code				
	Southlake, TX 76092					
	Description of investment reinvested cash income					
	Amount of investment (\$) 339.74					

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 3/4 Rpt: 15/32
FILER NAME		3 Filer ID (Ethics Commission Filers)
Nelson, Jane (The	e Honorable)	00020673
Date 05/05/2025	 Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd 	; State; Zip Code
	Southlake, TX 76092 7 Description of investment	
	reinvested cash income 8 Amount of investment (\$) 3,809.96	
Date 05/30/2025	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092 Description of investment reinvested cash income Amount of investment (\$) 241.54	
Data		
Date 05/30/2025	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 64.23	
Date 06/04/2025	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 3,827.68	

PURCHASE OF INVESTMENTS FROM POLITICAL SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 16/32 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson, Jane (The Honorable) 00020673 5 Name of person from whom investment is purchased 06/30/2025 Fidelity Investments 6 Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092 Description of investment reinvested cash income 8 Amount of investment (\$) 199.21

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)	
Sch: 1/12 Rpt: 17/32	Nelson, Jane (The	Honorable)			00020673			
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL C	OF UNITEMIZED	\$ 1,665.13		3	
ISSUER	America	n Express		ED TO A CREDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$322.00	01/02/2025	02/05/2025					
7 PAYEE	(a) Payee name		(b) Payee address; 850 Gerault Road		City,	State,	Zip Code	
	Advantage Storage							
				und, TX 75028				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descripti	ion				
X Political	Office Overhead/Rent		Storage					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	9 Complete ONLY if direct Candidate/Officeholder name Offi				Office held			
expenditure to benefit C/OH								
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 03/05/2025		Paid					
	\$322.00	02/01/2025	03/05/202	5				
PAYEE	PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Advantage Storage		850 Gerau	ılt Road				
	Auvantage Storage		Flower Mo	ound, TX 75028				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Storage					
X Political	Office Overflead/Refit	tai Expense						
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 04/07/202	Credit Card Issuer 5	Paid			
	\$322.00	03/01/2025	04/01/202	5				
PAYEE	(a) Payee name	L	(b) Payee a	ddress;	City,	State,	Zip Code	
			850 Gerau	ılt Road				
	Advantage Storage							
			Flower Mo	und, TX 75028				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	ion				
EXPENDITURE	Office Overhead/Rent		Storage					
X Political		•						
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 2/12 Rpt: 18/32	Nelson, Jane (The	Honorable)			00020673			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	\$ 1,665.13		
6	PAYMENT	(a) Amount Charged \$322.00	(b) Date of Charge 04/01/2025	(c) Date(s) 05/02/20) Credit Card Issuel 25	r Paid			
7	PAYEE	(a) Payee name Advantage Storage		(b) Payee 850 Gera	ault Road	City,	State,	Zip Code	
Ļ	Flower Mound, TX 75 8 PURPOSE OF (a) Category (b) Description								
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Storage	Stion				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Officeholder name			e sought		Office held			
۲	PAYMENT	(a) A many mat Chause and	(h) Data of Charge	(a) Data(a)	Cuadit Cand Issue	- Daid			
	PATMENT	(a) Amount Charged \$322.00	(b) Date of Charge 05/01/2025	06/16/20) Credit Card Issue 25	i Palu			
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Advantage Storage			850 Gera	ault Road				
L					lound, TX 75028				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Storage	otion				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	erreak ii 7 decisii, 174	Office held			
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$322.00	06/01/2025						
	PAYEE	(a) Payee name	I	(b) Payee 850 Gera	•	City,	State,	Zip Code	
		Advantage Storage			lound, TX 75028				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Storage					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
<u>-</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
F	,								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission File				
Sch: 3/12 Rpt: 19/32	Nelson, Jane (The	Honorable)		00020673			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$	\$ 1,665.13		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$32.46	03/10/2025	04/07/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Amazon		410 Terry Ave N				
			Seattle, WA 98109				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Ren	· ·	Supplies				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense		
9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$233.64	03/10/2025	05/02/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Amazon		410 Terry Ave N				
			Seattle, WA 98109				
PURPOSE OF	(a) Category	(4)	(b) Description				
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Supplies				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$695.00	01/27/2025	02/05/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			PO Box 650448				
	American Express						
			Dallas, TX 75265				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Annual Membership	Fee			
X Political	1 003						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 4/12 Rpt: 20/32	Nelson, Jane (The	Honorable)		00020673		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	 \$	1,665.1	13
6	PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issue 02/05/2025	er Paid		
7	PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; 208 S. Akard St.	City,	State,	Zip Code
L		(a) Category		Dallas, TX 75202 (b) Description			
8	B PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Communication						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin, TX	, officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 02/09/2025	(c) Date(s) Credit Card Issue 03/05/2025	er Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		AT&T Uverse		208 S. Akard St.			
				Dallas, TX 75202			
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Communication			
	X Political Non-Political						
┡		· · ·	of Texas. Complete Schedule T.		, officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
	PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issue 04/07/2025	er Paid		
	PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; 208 S. Akard St. Dallas, TX 75202	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Communication			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolder/Folitic		ruction Guide explains how	•	THEN (enter a categor)	y not listed a	bove)
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 5/12 Rpt: 21/32	Nelson, Jane (The	Honorable)		00020673		,
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$ 1,665.13	
6 PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issue 05/02/2025	r Paid		
7 PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; 208 S. Akard St. Dallas, TX 75202	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	DSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Communication					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,		officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	())	L (1) D (0)	1() 5 : () 6 : 11	5 : 1		
PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 05/10/2025	(c) Date(s) Credit Card Issue 06/16/2025	r Paid		
PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; 208 S. Akard St.	City,	State,	Zip Code
			Dallas, TX 75202			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Communication			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$95.81	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name AT&T Uverse		(b) Payee address; 208 S. Akard St. Dallas, TX 75202	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Communication			
Non-Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this fo

The instruction Guide explains now to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 6/12 Rpt: 22/32	Nelson, Jane (The	Honorable)		00020673		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION OF CARD	\$	1,665.1	13
6 PAYMENT	(a) Amount Charged \$215.99	(b) Date of Charge 05/16/2025	(c) Date(s) Credit Card Issue 06/16/2025	er Paid		
7 PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense Refres		(b) Description Refreshments for Recept	tion		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			(, officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$93.66	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/16/2025	er Paid		
PAYEE (a) Payee name Central Market			(b) Payee address; 4001 N Lamar Blvd Austin, TX 78756	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Refreshments for Recept	tion		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$244.17	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issue 04/07/2025	er Paid		
PAYEE	(a) Payee name Eberly		(b) Payee address; 615 S Lamar Austin, TX 78704	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meals for Officeholder Meals	eeting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	(, officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

B PURPOSE OF EXPENDITURE		The Instruction Guide explains how to complete this form.								
A CREDIT CARD Name of financial institution S TOTAL OF UNITEMIZED SCHARGED TO A CREDIT	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
SSUER See previous		Sch: 7/12 Rpt: 23/32	Nelson, Jane (The	Honorable)			00020673			
S264.75 O5/07/2025 O6/16/2025	4			_	EXPEN CHARG	DITURES		\$ 1,665.13		
Eddie V's Austin, TX 78701 (a) Category	6	PAYMENT					r Paid			
B PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description Meals for Officeholder Meeting	7	PAYEE	, ,		301 E. 5t	h Street	City,	State,	Zip Code	
EXPENDITURE Size Categories listed at the top of this schedule) Food/Reverage Expense Meals for Officeholder Meeting										
9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$57.09 (b) Date of Charge 02/05/2025 (c) Date(s) Credit Card Issuer Paid 02/05/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 PURPOSE OF EXPENDITURE (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense PAYMENT (a) Category (see Categories listed at the top of this schedule) Office Sought (b) Date of Charge (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 (c) Description Supplies (c) Category (see Categories listed at the top of this schedule) Office Sought (c) Candidate/Officeholder name Office sought (d) Amount Charged (b) Date of Charge 04/07/2025 PAYMENT (a) Amount Charged (b) Date of Charge 04/07/2025 (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 PURPOSE OF EXPENDITURE (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense PURPOSE OF EXPENDITURE (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense PURPOSE OF EXPENDITURE (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct (c) Categories listed at the top of this schedule) Office Sought Office held	8	EXPENDITURE	(See Categories listed at the top							
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$57.09 (b) Date of Charge 02/05/2025 (c) Date(s) Credit Card Issuer Paid 02/05/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 PURPOSE OF EXPENDITURE [X] Political Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge Office Sought Office Oddreil living expense Candidate/Officeholder name Office sought Office Oddreil Card Issuer Paid Od/07/2025 PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Od/07/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 HEB Austin, TX 78736 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Od/07/2025 (c) Date(s) Credit Card Issuer Paid Od/07/2025 (d) Od/07/2025 PURPOSE OF EXPENDITURE [X] Political (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Code Categories listed at the top of this schedule) Office Overhead/Rental Expense [X] Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living exp	ense			
PAYMENT (a) Amount Charged		Complete Otter in all out			e sought		Office held			
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies (c) Check if travel outside of Texas, Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$76.18 (b) Date of Charge 03/13/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 PAYEE (a) Payee name HEB Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Payee name HEB Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Pour Phayee Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories is listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct (c) Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held	е	expenditure to benefit C/OH								
HEB Austin, TX 78736 PURPOSE OF EXPENDITURE Austin, TX 78736		PAYMENT					r Paid			
HEB Austin, TX 78736 PURPOSE OF EXPENDITURE Austin Austin		PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE					7901 W F	Hwy 290				
Supplies Supplies					Austin, T	X 78736				
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$76.18 (b) Date of Charge 04/07/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 HEB Austin, TX 78736 PURPOSE OF EXPENDITURE (S) Political (S) Date(s) Credit Card Issuer Paid 04/07/2025 (D) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 (D) Description Supplies (E) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	(See Categories listed at the top			otion				
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$76.18 (b) Date of Charge 04/07/2025 PAYEE (a) Payee name HEB (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 PURPOSE OF EXPENDITURE X Political Non-Political (c) Date(s) Credit Card Issuer Paid 04/07/2025 (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 (b) Description Supplies (c) Deck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office beld		Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T		Check if Austin TX	officeholder living exr	nense		
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$76.18 (b) Date of Charge 04/07/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 (d) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 HEB Austin, TX 78736 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held	H	Complete ONLY if direct	`	·	e sought					
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7901 W Hwy 290 Austin, TX 78736 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Complete ONLY if direct (a) Category (See Categories listed at the top of this schedule) Office overhead/Rental Expense (b) Description Supplies (b) Description Supplies (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Odivinum City Check if Austin, TX, officeholder living expense	е									
HEB Austin, TX 78736 PURPOSE OF (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Topol W Hwy 290 Austin, TX 78736 (b) Description Supplies Supplies Check if Austin, TX, officeholder living expense Office sought Office held		PAYMENT					r Paid			
HEB Austin, TX 78736 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Outside Office held		PAYEE	(a) Payee name				City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies Supplies (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			HEB			•				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	(See Categories listed at the top		(b) Descrip					
		Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
experialitate to beliefit C/On	Ĺ		Candidate/Officeholder	name Office	e sought	_	Office held			
	F	experiulture to beliefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 8/12 Rpt: 24/32	Nelson, Jane (The	Honorable)		00020673			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,665.1	13	
6 PAYMENT	(a) Amount Charged \$273.08	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 04/07/2025	Paid			
7 PAYEE	(a) Payee name HEB		(b) Payee address; 7901 W Hwy 290	City,	State,	Zip Code	
			Austin, TX 78736				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
	Office Overhead/Rent		Supplies				
X Political		·					
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$90.27	(b) Date of Charge 01/02/2025	(c) Date(s) Credit Card Issuer 02/05/2025	⁻ Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Hill Country Springs		10019 S I-35 Frontage Road				
			Austin, TX 78747				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies				
X Political		•					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$71.26	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 03/05/2025	Paid			
PAYEE	(a) Payee name Hill Country Springs	6	(b) Payee address; 10019 S I-35 Frontage Ro Austin, TX 78747	City, pad	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)
Sch: 9/12 Rpt: 25/32	Nelson, Jane (The	Honorable)		00020673	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,665.	13
6 PAYMENT	(a) Amount Charged \$117.27	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/07/2025	r Paid	
7 PAYEE	(a) Payee name Hill Country Springs	S	(b) Payee address; 10019 S I-35 Frontage Ro Austin, TX 78747	City, State, pad	Zip Code
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Supplies		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$171.27	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuel 05/02/2025	r Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Hill Country Springs	S	10019 S I-35 Frontage Ro	oad	
			Austin, TX 78747		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held	
PAYMENT	(a) Amount Charged \$78.27	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issue 06/16/2025	r Paid	
PAYEE	(a) Payee name Hill Country Springs	S	(b) Payee address; 10019 S I-35 Frontage Ro Austin, TX 78747	City, State, pad	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	iedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 26/32	Nelson, Jane (The							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,665.2	13	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$87.27	06/02/2025						
7	PAYEE	(a) Payee name Hill Country Springs	S		I-35 Frontage Ro	City, pad	State,	Zip Code	
L		() 2		Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Ren		Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	K, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$245.68	05/28/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
Lamberts			401 W 2ı	nd St					
				Austin, T	X 78701				
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meals fo	r Officeholder Me	eting			
	X Political	· · · · · · · · · · · · · · · · · · ·							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH	() ()	L (1) 2	1 () = . ()					
	PAYMENT	(a) Amount Charged \$6.00	(b) Date of Charge 01/22/2025	02/05/20) Credit Card Issuer 125	Paid			
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				6502 Slic	de Road				
	National Travel Systems								
					, TX 79424				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		(See Categories listed at the top of this schedule) Fees Travel Se							
X Political									
L	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Le	expenditure to benefit C/OH								
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	al pages Schedule F4: 2 FILER NAME				s Commiss	sion Filers)		
Sch: 11/12 Rpt: 27/32	Nelson, Jane (The	Honorable)						
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,665.1	.3		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$350.57	06/01/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	4236 S. Lamar Blvd							
			Austin, TX 78704					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$166.06	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issue 02/05/2025	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Sam's Club		9700 N Capitol of Texas I	Hwy				
			Austin, TX 78759					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies					
X Political								
Non-Political		of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$67.03	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issue 03/05/2025	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
Sam's Club			9700 N Capitol of Texas I	Hwy				
			Austin, TX 78759					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	,	Supplies					
X Political	Office Overhead/Rent	tai Expense						
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)								
	Sch: 12/12 Rpt: 28/32	Nelson, Jane (The			00020673	00020673					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,665.1	13			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$405.88	05/30/2025								
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Sir Speedy Print	Sir Speedy Print 1320 Arrow Point Drive Bldg 4, Suite 410 Cedar Park, TX 78613								
8	PURPOSE OF	(a) Category		(b) Descrip	otion						
	EXPENDITURE X Political	(See Categories listed at the top Printing Expense	of this schedule)	Printing							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid					
		\$398.00	01/17/2025	02/05/20	25						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		National Travel Systems		6502 Slide Road							
					TX 79424						
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Family Travel in Connection with Officeholder Official Duties							
	Non-Political	(c) X Check if travel outside	of Texas, Complete Schedule T		Check if Austin TX	, officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/11/2025	(c) Date(s) 02/05/20	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		_			e Highway 77						
		Bucees									
				Hillsboro	, TX 76645						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Descrip							
	EXPENDITURE	Gift/Awards/Memorial	•	Gift Card for Volunteer							
X Political Zxperise											
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
е	xpenditure to benefit C/OH										

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /3 Rpt: 29/32	
2					(Ethics Commission	Filers)
	Nelson, Jane (The Honorable) 000200			673		
4	Date 01/03/2025	 Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$) \$	4,118.40
		Southlake, TX 76092				
		7 Purpose for which amount is received Check if p	olitic	al cont	I ribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/31/2025	Fidelity Investments				\$323.06
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/05/2025	Fidelity Investments			\$:	3,799.21
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		Purpose for which amount is received	olitic	al cont	ibution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	Fidelity Investments				\$298.26
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/05/2025	Fidelity Investments			\$:	3,649.07
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
			olitic	al cont	I ribution returned to filer	
		cash dividend received				
		•				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 2/3 Rpt: 30/32
2	2 FILER NAME			3	Filer	ID (Ethics Commission Filers)
	Nelson, Jane (The Honorable)				0002	20673
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	03/31/2025	ľ	Fidelity Investments			\$341.03
	00,02,2020	ļ	Address of person from whom amount is received; City; State; Zip Code			
		ľ	Address of person from whom amount is received, City, State, Zip Code			
			Southlake, TX 76092			
		<u> </u>		1111		1
		'		ooliti	cal coi	ntribution returned to filer
			cash dividend received			
	Date		Name of person from whom amount is received			Amount (\$)
	04/03/2025		Fidelity Investments			\$3,825.69
		ļ	Address of person from whom amount is received; City; State; Zip Code			····
			Southlake, TX 76092			
		H		oliti	cal co	ntribution returned to filer
			cash dividend received	301161	oa: 00:	na baten retarried to mer
	Date		Name of person from whom amount is received			Amount (\$)
	04/30/2025	<u> </u>	Fidelity Investments			\$339.74
			Address of person from whom amount is received; City; State; Zip Code			
		L	Southlake, TX 76092			
			Purpose for which amount is received	ooliti	cal co	ntribution returned to filer
			cash dividend received			
	Date	T	Name of person from whom amount is received			Amount (\$)
	05/05/2025		Fidelity Investments			\$3,809.96
	00/00/2020	ļ				
			Address of person from whom amount is received; City; State; Zip Code			
			Southlake, TX 76092			
		┝	_	1111		1
				OOliti	cai coi	ntribution returned to filer
			cash dividend received			
	Date		Name of person from whom amount is received			Amount (\$)
	05/30/2025		Fidelity Investments			\$64.23
		ļ	Address of person from whom amount is received; City; State; Zip Code			····
			Southlake, TX 76092			
		Г	Purpose for which amount is received	ooliti	cal co	ntribution returned to filer
			interest earned			
H		<u> </u>				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

╙						
	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 3/3 Rpt: 31/32	
2	FILER NAME		3	Filer ID	(Ethics Commissi	on Filers)
l				00020	673	
┢	Date	Date 5 Name of person from whom amount is received			8 Amount (\$)	
	05/30/2025	Fidelity Investments			σ Amount (φ)	\$241.54
l	03/30/2023					Φ241.54
l		6 Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Southlake, TX 76092				
l			olitic	al contr	ribution returned to fi	ler
l		cash dividend received				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	06/04/2025	Fidelity Investments			, ,	\$3,827.68
l		Address of person from whom amount is received; City; State; Zip Code			-	, -, -
l		Address of person from whom amount is received, City, State, 2ip Code				
l						
l		Southlake, TX 76092				
l			مائدا م	al a at.	ila stica actual cal to fi	la.
l		cash dividend received	OIILIC	ai contr	ribution returned to fi	ier
L		casii dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
l	06/30/2025	Fidelity Investments				\$199.21
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Southlake, TX 76092				
l		Purpose for which amount is received	olitic	al contr	ribution returned to fi	ler
l		interest earned				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	01/17/2025	National Travel Systems			(+)	\$424.49
l	02,21,2020	Address of person from whom amount is received; City; State; Zip Code			-	Ţ
l		Address of person from whom amount is received, City, State, 2ip Code				
l						
l		Lubbock, TX 79424				
l			- I:4: -	al a a .a.t	ila stica a materia a di ta fi	la.
l		refund for travel	OIILIC	ai contr	ribution returned to fi	ier
L		retund for traver				
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 32/32 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson, Jane (The Honorable) 00020673 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **National Travel Systems** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule D Schedule F1 Schedule B(J) Schedule C2 Schedule F4 Schedule F2 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel 7 Name of person(s) traveling Nelson, James Michael 8 Departure city or name of departure location 01/17/2025 **DFW Airport** 9 Destination city or name of destination location 01/20/2025 Washington DC 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Travel to attend Texas Business Conference/Black Tie & Boots Gala